

# Index of Claims



Application/Control No.

10/565,066

Examiner

Emily Bernhardt

Applicant(s)/Patent under Reexamination

BERGAUER ET AL.

Art Unit

1624

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
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| — | (Through numeral)<br>Cancelled |
| + | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|--|--|--|
| Final | Original | 12/9/06 |  |  |  |  |  |  |  |  |  |
|       | 1        | ✓       |  |  |  |  |  |  |  |  |  |
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|       | 10       | O       |  |  |  |  |  |  |  |  |  |
|       | 11       | ✓       |  |  |  |  |  |  |  |  |  |
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|       | 13       |         |  |  |  |  |  |  |  |  |  |
|       | 14       |         |  |  |  |  |  |  |  |  |  |
|       | 15       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 16       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 17       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 18       |         |  |  |  |  |  |  |  |  |  |
|       | 19       | ✓       |  |  |  |  |  |  |  |  |  |
|       | 20       | ✓       |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
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|       | 137      |      |  |  |  |  |  |  |  |  |  |
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|       | 143      |      |  |  |  |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |  |  |  |
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|       | 149      |      |  |  |  |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |  |  |  |